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ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450		First N	ey Docket No. amed Inventor	02-896-A Steven Gould EV334640765US	22386 U 10/678		
APPLICATION ELEMENTS				G APPLICATION PARTS			
1. Specification (in abstract) 3. Specification (in abstract) 3. Drawings 4. Oath or Declarate a. Newly exect b. Copy from [Note Box i. Deletion statement named in the copy of the oath or Box 4b, is consided disclosure of the property incorporate to the copy of the oath or Box 4b, is consided disclosure of the antereby incorporate to the copy incorporate to the copy of the oath or Box 4b, is considered disclosure of the antereby incorporate to the computer Codmunication a. Microfi b. CD-Rossepara 7. Nucleotide and Submission a. Computer Computer Codmunication a. Codmunication a	rm with Fee including claims and [Total Pages 42] [Total Sheets 4] ation [Total Pages] ation [Total Pages] ation application as 5 and 18 below] an of Inventor(s) Signed at attached deleting inventor(s) at the prior application by Reference: The entire arior application, from which a adeclaration is supplied under ared as being part of the accompanying application and is able by reference therein. be Listing (See 1.96) and the prior application and is and by reference therein. be Listing (See 1.96) and the prior application and is and by reference therein. be Listing (See 1.96) and the prior application and is and by reference therein. be Listing (See 1.96) and the prior application and is and by reference therein. be Listing (See 1.96) and the prior application and is and the pri	9.	Information D PTO-144 Copies of Preliminary A Return Recei (Should be spec Certified Cop A Request for 35 U.S.C. § 1	orney Slation Document (if applica Disclosure Statement (IDS 9 Form f IDS Citations mendment pt Postcard)		
☐ Statement status still ☐ is no longe							
18. This is a CONTINUING APPLICATION. Please note the following:							
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APPLICATION FEES								
BASIC FEE	\$ 770.00							
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE					
Total Claims	47 -20 =	27	x \$18.00	\$ 486.00				
Independent Clair	ns 5-3 =	2	x \$86.00	\$ 172.00				
☐ Multiple Deper	ndent Claims(s) if applicable		+\$290.00 e calculations =	\$				
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Date	October 3, 2003							

UTIL (Rev. 11/21/00)